

Application Form to Become A Specialist Portfolio Examiner

Please complete this application form to apply to become an IBMS external examiner, and return via email to [SpecialistPortfolio@ibms.org](mailto:SpecialistPortfolio@ibms.org)

## Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Title: |  |
| Forename(s): |  | IBMS No.: |  |
| E-mail Address: |  | HCPC No.: |  |

## Laboratory Details

|  |  |  |  |
| --- | --- | --- | --- |
| Department: |  | | |
| Hospital: |  | | |
| NHS Trust: |  | | |
| Laboratory Address: |  | | |
|  | Postcode: |  |

**Region**

|  |  |  |  |
| --- | --- | --- | --- |
| East Anglia |  | Scotland |  |
| East Midlands |  | South East |  |
| Ireland |  | South West |  |
| London |  | Wales |  |
| North East |  | West Midlands |  |
| North West |  | Yorkshire |  |

**Specialist Portfolio Discipline** ☑ Please tick appropriate box

|  |  |  |  |
| --- | --- | --- | --- |
| Cellular Pathology |  | Clinical Biochemistry |  |
| Molecular Pathology |  | Cytopathology |  |
| Cervical Cytology |  | Diagnostic Cytopathology |  |
| Clinical Immunology |  | Histocompatibility & Immunogenetics |  |
| Virology |  | Medical Microbiology |  |
| Haematology with Hospital Transfusion Practice |  | Transfusion Science |  |
| Andrology |  | Genomics and Molecular Pathology |  |
| POCT |  |  |  |

To apply to become a Specialist Portfolio Examiner you must satisfy the following criteria:

**Tick to confirm you meet the following requirements:**

Member or Fellow of the IBMS. Associate or Licentiate members are not eligible.

HCPC registered (or equivalent registration authority for non-UK members).

Currently practicing in an IBMS approved training laboratory with a minimum of 3 years’ experience post registration experience.

Actively participating in the IBMS’s CPD scheme or equivalent (submitted 2-year CPD summary).

Specialist level experience in named discipline/disciplines.

Have attended an IBMS approved training session for Specialist Portfolio Examiners.

*Please provide a brief description of your scope of practice.*

**Declaration**

|  |  |
| --- | --- |
| I hereby agree that I meet the criteria and the information given is correct and supports my wish to become an External Examiner of IBMS Specialist Portfolios.  I hereby consent to receive correspondence from the IBMS regarding examinations and training. | |
| Examiner’s Name: |  |
| Date: |  |

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